Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Portlaoise Area 2
Name of provider:	Health Service Executive
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0002488
Fieldwork ID:	MON-0049053

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Portlaoise Area 2 is a designated centre operated by the Health Service Executive. The centre provides residential care for up to nine male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two houses, located in Co. Laois. Residents have their own bedrooms and access to bathrooms, sitting rooms, utilities, kitchen and dining areas and to garden spaces. Residents have access to a range of local amenities such as shops, churches, restaurants, pubs, leisure facilities and barbers. The staff team comprise of a mix of staff nurses and care assistants, who are on duty both day and night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 31 March 2026	09:00hrs to 15:00hrs	Anne Marie Byrne	Lead
Tuesday 31 March 2026	09:00hrs to 15:00hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out following receipt of unsolicited information to the Chief Inspector of Social Services, which alleged concerns around the safeguarding of residents. The lines of enquiry for this inspection were specific to reviewing the provider's safeguarding arrangements for this service, and also included the assessment of the provider's implementation of their compliance plan response, which was submitted to the Chief Inspector following the most recent inspection of this service in August 2025.

The day was facilitated by the person in charge, and inspectors also got to meet with five members of staff, and with seven of the residents. Overall, the outcome of this inspection did find the provider had effective systems in place to safeguard residents from harm, which were well-known and regularly implemented by staff. In relation to the progress made in addressing improvements required from the last inspection, there were a number of improvements found pertaining to fire safety, behavioural support, staff training, and monitoring arrangements. However, some improvement was still required to the same aspect of health care, with little improvement found in bringing medication management back into compliance. Due to other information made available to inspectors on the day of this inspection, other lines of enquiry were followed around residents' finances, and also around the provider's own review of this centre's service provision, and both areas were found to require significant attention of the provider to address issues that were raised. All of which, will be discussed later on in this report.

This designated centre comprised of two houses, one of which was located a short distance from a village in Co. Laois, while the other was situated about a 20 minute drive away, in a housing estate in a town in Co.Laois. The first house visited by inspector was home to five residents who had moderate to high support needs. They primarily required care and support in relation to their personal and intimate care, many had communication needs, they each needed staff support to get out, some required positive behavioural support, and others required active falls management. They each had their own bedroom, shared a bathroom, and had communal use of a kitchen, conservatory, sitting room, living area, utility, and toilet. A large garden surrounded the house, with a cabin at the back where some residents liked to spend recreational time. Upon the inspectors' arrival, two health care assistants and a staff nurse were on duty, and they were in the process of supporting residents with their morning routines. One of these residents could communicate verbally, and one other used a limited number of words and non-verbal cues to communicate. The remaining three residents used sounds, gestures and body language to convey their thoughts and needs. As the inspection commenced, one resident was up and about, while the others gradually made their way to the kitchen in their own time, where they were offered freshly made porridge and other breakfast items such as tea and toast. It was clear that this was the normal morning routine for them, and residents came to and from the kitchen as

they pleased. One resident sat in beside both inspectors to have their breakfast and they chatted freely as they enjoyed a cup of tea. They spoke about how they typically liked to holiday in Co.Limerick, and loved to get out and about. Later in the morning, this resident also showed one inspector their bedroom and they chatted for a period of time. They explained that they liked their room and home, and that they were quiet happy there. The resident went onto say that staff were very nice and that if they were worried or had any concerns, they knew they could go to one of the staff members. They were also well-supported to stay in contact with their brothers, and they enjoyed seeing their nieces and nephews throughout the year. As the inspection progressed, two other residents sat in with the other inspector for a period. One of them told of their love for Christmas, and spoke of the craft work that they liked to do. After a while, they got up and got ready to head out with staff, with each having an activity plan in place. This house had an overall pleasant atmosphere and it was clear that residents were relaxed in their home, and at ease in the presence of staff and their house mates. Inspectors observed that residents had free access to all communal areas of their home, with some preferring to relax in the sitting room, and others preferring to remain in the kitchen area which had alot more activity. A staff member explained that one resident loved to sit and watch what was going on such as cooking, listening to conversations, or just observing staff and other residents coming and going. As the morning progressed, after residents had been supported with their personal care and breakfasts, both the residents and staff on duty sat and had a cup of tea together while they planned the day ahead. Activities that these residents typically liked to do included, going for drives, having massages, going shopping, some were keen to do the centre's bottle return scheme, and other often visited graves of loved ones. Two of these residents were celebrating their birthdays in coming weeks, with staff informing inspectors that they were taking both residents away on short break to Co. Waterford to mark the occasion.

In the afternoon, the inspectors attended the second house which supported three residents, with residents having their own bedroom, some with en-suite facilities, shared the main bathroom, kitchen, conservatory, utility, and sitting room. There was a rear garden available to residents to use as they wished. The care and support required by the residents in this house varied and when inspectors' arrived, one resident was out and about for the afternoon. This particular resident had low support needs, and was very socially active. The other two residents were at home, and were just after having their midday meal. Both residents had high needs and they required support in regards to the majority of their care needs. They each had varying levels of sensory and communication needs, with one resident having the use of some words, while the other resident used sounds and body language to communicate. Staff spoke very respectfully about these two residents, and told of how they thrived in a quiet and calm environment, and very much needed to be supported by staff who were familiar to them. At the time of this inspection, there was a bed vacancy in this house, and inspectors did raise concerns around the new admission of a potential resident to this house, which will be discussed in further detail later on in this report. Again, this house had a homely and pleasant atmosphere, and residents were relaxed through the course of the inspection. Staff on duty chatted to them as they informed them of how they were going to assist them, and as the inspection concluded, one resident was relaxing in the sitting room

enjoying a foot spa, while the other had gone to a shopping centre with the support of their staff.

It was clear to both inspectors from their time spent in each house, that residents' needs were well-known to these staff teams, and that they were confident in providing day-to-date care to these residents. Safeguarding arrangements were found to be adequately utilised when needed, with all staff very informed of how they were to respond, should a concern around residents safety and welfare arise. Staff were also very focused on providing a resident led-service, and endeavoured to support residents to get out and about, and to enjoy the various activities that they were interested in.

As earlier mentioned, this inspection did find that the provider had made progress towards addressing issues previously found in the August 2025 inspection; however, there were still some aspects of this service that did require significant review.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Following the last inspection, the provider did effectively implement aspects of their compliance plan, which resulted in some areas now having better arrangements in place. However, there were elements of this plan which had not been as effectively implemented, with significant improvement still very much required to medication management, with this inspection also finding that the management of residents' finances required further examination. Furthermore, in light of a bed vacancy in one of these houses, improvements were also found to be required to the provider's own review of this centre's service provision, to ensure this fully considered and based its outcome, on the assessed needs of the residents who lived in this particular house.

The person in charge held a full-time position and was regularly at each house to meet with the residents and staff teams. They knew the residents' needs very well and were familiar with the operational needs of the service delivered to them. This was the only designated centre in which they were responsible for, with current governance and management arrangements providing them with the capacity to fulfil their managerial duties. They held monthly meetings with their staff team to discuss resident specific care and support arrangements, reviewed incidents that had occurred with them, and informed them of any upcoming changes. They were in frequent contact with their own line manager, and were aware to escalate any concerns that they had directly with senior management.

Staffing levels were integral in both houses, and local management recognised the importance of maintaining continuity of care for residents through familiar staff. Agency staff were often required to provide additional staff support to both houses,

and due to the assessed needs of these residents, the person in charge maintained regular oversight to ensure only familiar agency staff were rostered. At times when this was not possible, the person in charge made arrangements to relieve themselves from their managerial duties, so that they could provide this additional roster cover. Residents were very much supported to maintain active lifestyles, with both houses having adequate staffing levels so that residents could get out and about in the community.

Monitoring arrangements had improved since the last inspection, with the last six monthly provider-led audit focusing on more relevant aspects of care and support provided to these residents. However, of concern to inspectors on this inspection was the failure of the provider to carry out a comprehensive review of this centre's service provision, so as to inform the return to operating at maximum capacity, which required considerable review by the provider.

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, to ensure a suitable number and skill-mix of staff were at all times on duty. Nursing staff were on duty in both houses both day and night. Along with day time staffing, waking staff members were on duty each night. There was a well-maintained planned and actual roster, which clearly outlined the names of each staff member, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

Following on from the last inspection, the provider reviewed the staff training requirements for this centre, with all staff having received up-to-date training in diabetes management.

Judgment: Compliant

Regulation 23: Governance and management

Although since the last inspection, the provider had addressed the areas of improvement required to aspects of internal auditing systems, this inspection did find that other aspects of governance and management required significant review by the provider.

Since the last inspection, a bed vacancy came available in one of these houses, with a potential admission identified at the time of this inspection. This vacant bedroom was visited by inspectors, which was found to be very small and compact in size. The provider had recently conducted an environmental review of this vacant bedroom; however, concerns were raised by inspectors, around the overall suitability of this room size to be re-occupied as a bedroom, requiring further review by the provider to ensure the available and usable floor space was in line with guidance.

Furthermore, inspectors also found that the provider had not done a comprehensive service provision review to as to inform the decision to return to operating at maximum capacity. Within the same aforementioned house, two out of three residents had varying levels of sensory needs. Both of these residents had lived in the centre since it opened many years ago, and were now of an aging profile. Multiple documentation associated with both these residents' care and support arrangements, clearly outlined that these residents responded very well to a quiet environment. Two members of staff that inspectors met with, also spoke about how these residents preferred quiet and low stimulation environments, both at home and when out in the community. Staff informed that at times when noise levels increased within this particular house, these residents regularly retreated to their bedroom to self-soothe from the noise of communal areas. However, despite this well-known and well-documented information about these particular residents' specific care and support arrangements, the provider had not carried out re-assessments of these residents' sensory needs, so as to inform a review of the centre's service provision, to ensure that a return to operating at maximum capacity would not negatively impact the quality of care of residents in this house.

Judgment: Not compliant

Quality and safety

The needs of these residents were subject to regular review, to ensure that they were receiving the service that they were assessed as requiring. Residents' quality of social care was very much promoted, with each house having allocated transport to make sure residents had the means to access the community. However, there were still aspects of the service that required review, particularly in relation to medication management, and residents' finances.

Safeguarding arrangements were reviewed in both houses, with no active safeguarding plans required to be in place at the time of this inspection. However, in response to previous incidents that occurred in 2025, where some residents had witnessed their peer engage in a behavioural incident, three plans did remain at the centre, as a preventive measure to ensure staff continued to routinely implement robust supervision, which had resulted in no similar incidents re-occurring.

Safeguarding arrangements were found to be very clear, available and known to all staff, designated persons were appointed by the provider to review all safeguarding concerns, and both staff and residents that inspectors engaged with, said they felt comfortable approaching management about any concerns that they had.

For the purpose of this inspection, only aspects of some regulations were reviewed, that pertained to the actions required from the last inspection. The provider did improve fire detection arrangements, put clearer behaviour support plans in place for residents, and ensured better review processes for the use of a particular restraint. It was also evident that they also completed work around the documentation supporting diabetes management, and increased their oversight to ensure that staff were adhering to protocols. However, this inspection did find that there was still some review needed to protocols guiding staff on what to do, should blood sugar levels present outside of normal range. Equally, although there had been an increase in the number of medication audits being carried out, and other oversight practices, there were again a number of concerns raised on this inspection with regards to medication management.

Most of these residents needed staff to support them with their finances, with one resident explaining to inspectors that they did carry their own money when out and about, but did need minor support to do transactions in shops. Over the course of this inspection, the system around the management of residents' finances was discussed at length with the person in charge and a member of staff, and various supporting documentation was reviewed by an inspector, with multiple areas requiring significant review of the provider, which is outlined in detail under regulation 12 below.

There continued to be a good incident reporting culture in this centre, with monthly trending of incidents still a routine practice by management. Although for the most part, it was evident that updates had been made to risk assessments since the last inspection, some of these still required review, particularly around falls prevention. Improvements were also found as to how the provider conducted their own internal review, when high risk incidents occurred. Although both houses were found to be maintained and cleaned to a high standard, storage arrangements for some cleaning equipment also did require attention.

Regulation 12: Personal possessions

The residents who used this service required support in regards to managing their finances. They did not have their own bank accounts and their funds were held in a central patients private property account which was operated by the provider of this designated centre. On residents' behalf, staff on duty requested money from the provider on a weekly basis, which was then used to purchase personal items with, and on behalf of each resident. An inspector reviewed the arrangements for monitoring money once it was logged as received in the centre, and found that it was well-managed. Staff maintained receipts and associated logs of all spending,

and a daily cash balance was completed which assisted in safeguarding residents' financial interests.

Although day-to-day spending was well-managed, there was a fundamental issue in regards to supporting each resident with their finances. The person in charge and a staff member explained that residents were only allowed to spend five thousand euro of their money each year, and that this direction had been issued by senior management within the provider. As a result, a running balance was maintained which was counting down from five thousand euro, with the balance amended every time the resident spent their own money. The person in charge indicated that if a resident got close to reaching this five thousand euro limit, then they would have to reduce the resident's level of spending. Additional information was submitted by the provider subsequent to the inspection which indicated that this was not the arrangement in place and there was no restrictions placed upon how much money a resident could spend. Based on this information it was clear that there was a lack of sufficient communication between local management and the provider which had the potential to impact upon residents' quality of life. In addition, the inspector also reviewed a resident's contract of care which stated that the resident "can avail of our private property account service" which indicated that this account arrangement was optional. However, following discussion with the person in charge, there was no indication that any alternative options to support this resident with their finances were available or considered.

Furthermore, the inspector met with a staff member who said a resident might like to redecorate their room with a new wardrobe. The staff member stated that a senior manager had attended the centre and indicated that a new wardrobe was not required. The inspector met with the staff member and the resident in their bedroom and although the resident had some verbal skills, they smiled and nodded when the staff member asked them if they would like to change their wardrobe. The inspector found that further consultation with the resident and relevant representatives was required to assist in determining their wishes, in regards to modernising their furniture in their own bedroom.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Since the last inspection, the provider had made improvements to risk assessments, however, this inspection did identify that some of these still required further review. In addition, where high risk incidents were reported, improvement was required as to how the provider completed their own internal review into these.

Following a significant medication incident a few weeks prior to this inspection, a review into this incident was carried out, and following escalation to senior management, a number of immediate responses were put in place. The inspector was informed that review into the incident was inconclusive; however, there was a

poor documentation trail maintained to evidence what specific lines of enquiry were followed by the provider to try determine the root cause of this incident, and the specific findings of these, so as to inform the risk management actions, and learning, to ensure an incident of a similar nature would not re-occur.

As earlier mentioned, some risk assessments still required further review to ensure these better guided on the specific measures in place to maintain residents' safety. For example, an inspector reviewed some incident reports that related to falls for one particular resident. The inspector spoke with the person in charge about the specific arrangements in place for this resident; however, the specifics of these measures were not outlined in the resident's falls risk assessment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

In general, both houses in the designated centre were clean and tidy to visual inspection. The provider implemented a colour coded cleaning system which assisted in reducing the potential for cross contamination between various rooms in the centre. However, some improvements were required as suitable storage was not provided for mops and mop buckets which were stored outside one house, situated next to rain water, leaves and debris.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The last inspection of this centre identified that a fire alarm had not been installed to an outside cabin that was regularly used for recreational purposes by residents. A fire alarm was since installed to this cabin, ensuring that should a fire occur in this area, both staff and residents would be alerted. A review of fire drill records also indicated that residents could evacuate the centre, in a prompt manner, should a fire occur.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The last inspection of this centre found that the management of medicinal products was not held to a good standard. This inspection also found that sufficient

improvements had not been made to bring this area of care back into compliance with the regulations. An inspector reviewed the medication practices in one house in the centre, and found that although suitable storage facilities were in place, improvements were required to administration practices, the stock control for one particular medicine, and to the assessment of a resident to self-medicate.

The inspector reviewed the prescription sheet for one resident which listed their regular, short term and as required (PRN) medications. A review of associated administration records indicated that both regular and short term medications were administered as prescribed; however, the inspector identified a repeated error in the administration of a PRN medication for pain relief. The inspector noted that the prescribed medication dosage did not correspond with that which was dispensed by the pharmacy, and this medication had been administered six times in the two months prior to this inspection.

The majority of regular medications were dispensed in a blister pack, apart from those which were required topical or subcutaneous administration. The inspector examined stock control measures which included regular checks of PRN medications. The inspector reviewed three PRN medications and found that the number of medications stored in the centre matched the listed totals in the associated stock record. Although, this was a positive example of medication management, there was no stock control measures in place for one regular medication which was unsuitable to be dispensed via the blister pack system, impacting the provider's ability to identify any potential medication errors relating to this medicine.

The person in charge told inspectors that one resident had been assessed to self-medicate and they self-administered their medication each day. Inspectors found that this was a positive approach to care, but improvements were required. Upon review of the resident's medication self-assessment, it indicated that this resident just required the support of staff supervision when self-administering. However, upon discussion with the person in charge, they indicated that the resident required a much higher level of support and they felt they would not be able to determine if they were taking the correct medications, at the correct time. Further discussions with the person in charge highlighted that practice in the centre differed greatly from the assessment to self-medicate which was read by the inspector. In addition, the assessment tool to determine a resident's ability to manage their own medications also required review as it failed to take into consideration PRN and short term medications. Furthermore, the provider did not complete the required risk assessment to support this resident to self-medicate and failed to take into consideration the administration of high-risk medications.

Judgment: Not compliant

Regulation 6: Health care

Following the last inspection, the provider did review the arrangements in place for a resident who required on-going diabetes care. Although some improvements were made, this still required further review.

Similar to the last inspection, within one of these houses, a resident's blood sugar readings were taken four times a day, with protocols in place around the response to high and low level blood sugar readings. A sample of where blood sugar readings were recorded as being out of normal range were reviewed by an inspector, there was evidence of better follow-up by staff and adherence to these protocols, when this occurred. However, a review of these protocols was again required, particularly in relation to guiding staff as to what they were to do, should they be unable to bring high sugar readings, back to baseline. Furthermore, the protocol that was in place was developed and signed by the person in charge, with no evidence of input from the relevant multi-disciplinary professionals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The last inspection of this centre did identify that some improvement was required to a resident's behaviour support plan, and that improvement was also required in relation to the review process for one particular physical restriction. This inspection found that the provider had put appropriate actions in place to address these issues, with the person in charge maintaining oversight of both these areas to ensure the sustaining of these improvements.

Judgment: Compliant

Regulation 8: Protection

The provider did have procedures in place to support staff in how to identify, report, respond to, and monitor any concerns relating to the safety and welfare of residents. All staff had up-to-date training in safeguarding, and in response to previous safeguarding concerns that were raised, there were three safeguarding plans in one house that had remained in place. The purpose of this was to ensure staff had guidance still available to them, as to how continue to ensure the safety and welfare of these residents, which had resulted in no further concerns of a similar nature occurring.

As part of this inspection, incident reports and residents' daily notes over previous months were reviewed, with no incident of unexplained bruising reported. Should an incident of unexplained bruising occur, the provider did have very clear protocols in place to guide on how staff were to respond to this, and how they were to escalate

as a safeguarding concern, if required. Staff who spoke with the inspectors were aware of their responsibility in safeguarding residents from harm, and told inspectors that they were confident in approaching local management, should they have a concern.

The provider did have a nominated designated safeguarding officer for this centre, and when safeguarding concerns arose, there was evidence that these were sent to the officer for review, and that preliminary screening was promptly carried out.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Portlaoise Area 2 OSV-0002488

Inspection ID: MON-0049053

Date of inspection: 31/03/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A governance review of the designated centre was undertaken to ensure that all decisions relating to service provision, including admission capacity and use of the vacant room. The suitability of the vacant bedroom was reviewed and it has been agreed this room will be not registered for occupancy by a resident. A revised Statement of Purpose has been submitted to reflect the reduction in maximum capacity and service provision. Individual reassessments of residents' sensory needs will be completed, with particular attention to environmental triggers such as noise levels and the need for quiet, low-stimulation settings. Governance systems will be monitored through enhanced oversight from senior management by regular audits locally and monitoring of quality improvement plans from the annual review of the quality and safety of care and six monthly reviews.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Staff and management will receive clear guidance confirming that there are no restrictions on residents accessing or spending their personal funds, and financial support plans and contract of care will be reviewed to ensure they accurately reflect available options and residents' wishes. Residents and their representatives will be consulted regarding financial management arrangements and decisions about personal belongings and bedroom furnishings, with appropriate communication supports used to identify residents' preferences. In addition, staff training, improved governance systems, and ongoing audits will be implemented to	

ensure consistent, person-centered practice.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

A full review of current risk assessments will be completed to ensure all risk assessments are detailed, person-centered, and clearly outline the specific control measures required to safeguard residents. In particular, individual risk assessments, including falls risk assessments, will be updated to accurately reflect the supports and interventions in place for each resident.
The provider will strengthen the process for reviewing adverse and high-risk incidents to ensure clear documentation is maintained regarding the investigation process, lines of enquiry completed, findings identified, and learning arising from incidents.
The HSE standardised incident review framework will be implemented to support robust root cause analysis, improve oversight, and ensure effective preventative actions are identified and monitored. A template is now available in this regard.
The Person in Charge and management team will complete regular audits on incidents and risk assessments, and staff will be supported to receive guidance and training in risk management, incident reporting, and documentation.
Incidents will be a standing Agenda item on the Centre's staff team meeting to ensure formal sharing of information of lesson learned from incidents to help mitigate the risk of repeat similar events.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Appropriate storage arrangements for cleaning equipment, including mops and mop buckets has been implemented to ensure equipment is stored in a clean, hygienic manner and protected from environmental contamination. Cleaning and storage arrangements will be reviewed by the Person In Charge as part of regular infection control audits. Staff will also be reminded of appropriate cleaning equipment storage procedures to reduce the risk of cross contamination and maintain a safe and hygienic environment for residents.
The PIC has provided a secure storage container located externally to the back door of the premises.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Immediate action has been taken to review medication administration procedures and strengthen oversight arrangements to ensure the safe management of all medicinal

products.
A full review of medication administration practices has been initiated following the identification of the PRN medication dosage discrepancy. The prescribing information and pharmacy dispensing arrangements for this medication have been clarified with the prescribing clinician and pharmacy to ensure all medications administered correspond accurately with current prescriptions.
Staff have been reminded of their responsibility to verify the drug kardex against dispensed medications prior to administration by completing a template that will check whether the drug kardex corresponds with the medication, dose, and frequency on the instruction sticker/label from the pharmacy, and all medication administration records will be subject to increased oversight and audit by the Person in Charge.
Medication stock control systems will be strengthened to ensure all medications, including those not dispensed in blister packs, are subject to appropriate recording and regular stock reconciliation processes. An audit template was devised for the nurse on both day and night duty to complete a morning and night check of the stock balance of the medications not dispensed in blister pack.
Revised medication auditing procedures will include checks on all regular, PRN, short-term, topical, and high-risk medications to promptly identify and address any discrepancies.
The arrangements in place to support residents to self-administer medications will also be comprehensively reviewed. The resident's current self-medication assessment and support arrangements will be reassessed to ensure they accurately reflect the resident's abilities and the level of support required in practice.
A detailed risk assessment will be completed for any resident supported to self-administer medication, including consideration of PRN, short-term, and high-risk medications.
In addition, all nursing staff will receive refresher training in medication management. The Person in Charge will complete regular medication audits and supervision to ensure compliance with best practice, identify learning opportunities, and support.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The blood glucose monitoring protocol has been reviewed and updated to ensure it provides clear, step-by-step guidance for staff, including escalation procedures where blood glucose levels cannot be safely stabilized within expected parameters. This will ensure staff have clear guideline in managing out-of-range readings and responding appropriately in a timely manner.
In addition, all diabetes care plans and associated protocols will be reviewed in conjunction with the relevant multidisciplinary team, including medical and nursing professionals, to ensure they are clinically appropriate, evidence-based, and reflect current best practice. Future care planning and protocol development will include documented input from relevant healthcare professionals to ensure a multidisciplinary approach to care.
The Person in Charge will also implement regular audits of blood glucose records and care plans to ensure adherence to updated guidance and to monitor the effectiveness of interventions.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/05/2026
Regulation 12(2)	The person in charge shall ensure that, as far as reasonably practicable, residents can bring their own furniture and furnishings into the rooms they occupy.	Substantially Compliant	Yellow	30/04/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Not Compliant	Orange	30/07/2026

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/05/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	16/04/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering,	Not Compliant	Orange	04/05/2026

	receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Not Compliant	Orange	15/04/2026
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/04/2026